Colorectal Cancer Screening
An educational intervention for nurse practitioners to increase screening awareness and participation

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Colorectal cancer continues to be the second leading cause of cancer-related deaths in the United States and the third most common cancer diagnosis in men and women (Baker et al., 2013; Centers for Disease Control and Prevention [CDC], 2017c). In 2014, more than 139,000 people in the United States were diagnosed with colorectal cancer, and more than 51,000 died from the disease (CDC, 2017c). However, as of 2014, only 66% of U.S. adults reported being up-to-date with colorectal cancer screening (CDC, 2017a). Missed opportunities to prevent the disease, or to diagnose it prior to metastasis or its progression to a life-threatening condition, are responsible for morbidity and mortality in colorectal cancer. Research has shown a strong association between provider communication with patients about colorectal cancer screening and increased compliance with such screening (Underhill & Kiviniemi, 2012).

Accountable care organizations (ACOs) are healthcare organizations characterized by a payment and care delivery model that ties providers’ reimbursement to quality metrics. In 2013, ACOs made colorectal cancer screening a quality measure in individuals aged 50–75 years (Levy, Daly, Schmidt, & Xu, 2012). The goal for the colorectal cancer screening quality measure is to develop and deliver seamless, high-quality care for those aged 50–75 years.

The current colorectal cancer screening guideline recommends screening with one of the following tests: flexible sigmoidoscopy every 5 years, colonoscopy every 10 years, double-contrast barium enema every 5 years, or computed tomography colonography every 5 years (American Cancer Society, 2017). In recognizing that primary care is an essential access point for high-performing healthcare systems, Sarfaty et al. (2013) reported that colonoscopy is the most promising method to address the burden of chronic disease, improve health outcomes, and reduce healthcare spending. Given the ongoing changes in colorectal cancer technologies, colorectal cancer screening practice guidelines require monitoring and updating (Sarfaty et al., 2013). Consequently, providers must be knowledgeable about colorectal cancer screening guidelines and recommend screening to patients to improve health outcomes.

Because nurse practitioners (NPs) provide primary care services, they also should remain informed about current colorectal cancer screening guidelines to encourage timely screening, which may improve health outcomes. NPs in New Hampshire, a full licensure state, are permitted to practice independently and autonomously and are required to provide evidence-based care that is grounded in current guidelines for colorectal cancer screening, as well as in established preventive screening guidelines for other diseases. The percentage of adults aged 50–75 years who reported receiving colorectal cancer screening is generally higher in the northern states (70%) than in the southern states (60%).